

E-filing

FILED
06 MAR 18 PM 2:52
RICHARD W. WIERING
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

PIERRE LEBON HOFFMAN P-22734
s.v.s.p
P.O.BOX 1050
SOLEDAD, CA 93960

In Pro Per

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

PIERRE LEBON HOFFMAN,
Plaintiff,
Plaintiff,

vs.
DR. JOHN D. KASAWA
RN DAN JEANS
Defendant.

CASE NO.

1501

PRISONER'S
APPLICATION TO PROCEED
IN FORMA PAUPERIS

JW

I, PIERRE L. HOFFMAN, declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

(PR)

In support of this application, I provide the following information:

1. Are you presently employed? Yes ___ No X

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: N/A Net: _____

Employer: _____

1 If the answer is "no," state the date of last employment and the amount of the gross and net
 2 salary and wages per month which you received. (If you are imprisoned, specify the last
 3 place of employment prior to imprisonment.)

4 N/A
 5
 6

7 2. Have you received, within the past twelve (12) months, any money from any of the
 8 following sources:

9 a. Business, Profession or Yes ___ No X
 10 self employment

11 b. Income from stocks, bonds, Yes ___ No X
 12 or royalties?

13 c. Rent payments? Yes ___ No X

14 d. Pensions, annuities, or Yes ___ No X
 15 life insurance payments?

16 e. Federal or State welfare payments, Yes ___ No X
 17 Social Security or other govern-
 18 ment source?

19 If the answer is "yes" to any of the above, describe each source of money and state the amount
 20 received from each.

21
 22 N/A

23 3. Are you married? Yes ___ No X

24 Spouse's Full Name: DECEASED

25 Spouse's Place of Employment: _____

26 Spouse's Monthly Salary, Wages or Income:

27 Gross \$ _____ Net \$ _____

28 4. a. List amount you contribute to your spouse's support: \$ _____

1 b. List the persons other than your spouse who are dependent upon you for
 2 support and indicate how much you contribute toward their support. (NOTE:
 3 For minor children, list only their initials and ages. DO NOT INCLUDE
 4 THEIR NAMES.).

5 N/A

6 _____
 7 5. Do you own or are you buying a home? Yes ____ No X

8 Estimated Market Value: \$ _____ Amount of Mortgage: \$ _____

9 6. Do you own an automobile? Yes ____ No X

10 Make _____ Year _____ Model _____

11 Is it financed? Yes ____ No ____ If so, Total due: \$ _____

12 Monthly Payment: \$ _____

13 7. Do you have a bank account? Yes ____ No X (Do not include account numbers.)

14 Name(s) and address(es) of bank: _____

15 _____

16 Present balance(s): \$ _____

17 Do you own any cash? Yes ____ No ____ Amount: \$ _____

18 Do you have any other assets? (If "yes," provide a description of each asset and its estimated
 19 market value.) Yes ____ No X

20 _____

21 8. What are your monthly expenses?

22 Rent: \$ N/A _____ Utilities: _____

23 Food: \$ _____ Clothing: _____

24 Charge Accounts:

25 Name of Account Monthly Payment Total Owed on This Acct.

26 _____ \$ _____ \$ _____

27 _____ \$ _____ \$ _____

28 _____ \$ _____ \$ _____ 9. Do

1 you have any other debts? (List current obligations, indicating amounts and to whom they are
2 payable. Do not include account numbers.)
3 N/A

4
5 10. Does the complaint which you are seeking to file raise claims that have been presented
6 in other lawsuits? Yes ___ No X
7 Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in
8 which they were filed.

9
10 N/A

11 I consent to prison officials withdrawing from my trust account and paying to the court
12 the initial partial filing fee and all installment payments required by the court.

13 I declare under the penalty of perjury that the foregoing is true and correct and
14 understand that a false statement herein may result in the dismissal of my claims.

15 March. 15. 2008

16
17 DATE

18
19
20
21
22
23
24
25
26
27
28
SIGNATURE OF APPLICANT

1 PIERRE LEBON HOFFMAN P-22734
2 S.V.S.P
3 P.O.BOX 1050
4 SOLEDAD, CA 93960

Case Number: _____

5 In Pro Per
6
7
8

9 CERTIFICATE OF FUNDS
10 IN
11 PRISONER'S ACCOUNT
12

13 I certify that attached hereto is a true and correct copy of the prisoner's trust account
14 statement showing transactions of _____ for the last six months
15 at

16 [prisoner name]

17 _____ where (s)he is confined.

18 [name of institution]

19 I further certify that the average deposits each month to this prisoner's account for the
20 most recent 6-month period were \$ _____ and the average balance in the prisoner's
21 account each month for the most recent 6-month period was \$ _____
22

23 Dated: _____

24 [Authorized officer of the institution]
25
26
27
28